Virginia Department of Medical Assistance Services
Alzheimer's Assisted Living
Placement Notice

Resident Information							
Last Name		First Name				Middle Name	
Date of Birth	Month		Day		Year	Admissions Date ALF	
Social Security Number				Medicaid Number			

Facility Information						
Name of Facility		Medicaid Provider Number				
Address of Facility						
City			State		Zip	
Office Number				Fax Number		
Primary Contact			Secondary Contact			

Comments	

I/We certify that the information contained herein is a true abstract of the resident's condition as documented in the resident's medical record.			
Administrator's Signature		Date	
Signature of Person Completing form		Date	

Required attachments	Current UAI, Physical, Physicians Diagnosis, and Confirmation of Birth date.

Please return this completed form to:
DMAS Division of Long Term Care & Quality Assurance
600 East Broad Street, Richmond, VA 23219
Or
Fax to: (804) 786-0206

Instructions for completing the Placement Notice DMAS-480

* All fields must be completed

1. Enter the resident's full name.
2. Enter the resident's birth date.
3. Enter the date of admission to your facility.
4. Enter the resident's Social Security number.
5. Enter the resident's Medicaid number.
6. Enter your facility name and Medicaid provider number.
7. Enter your facility address, city, state, and zip code.
8. Enter your facility phone number and fax number.
9. Enter your facility's primary and secondary contact.
10. Complete the comments section if you feel there is special information that needs to be communicated to DMAS.
11. Have the administrator and the individual completing the form sign that the form is complete and accurate.
12. Check to insure that the following documents are attached with this form:
    a. Current UAI
    b. Physical
    c. Physician's Diagnosis
    d. Confirmation of resident's birth date